



Docket No.: 00158/000K098-US0  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Shyh-Haur Su et al.

Application No.: 10/021,598

Confirmation No.: 3481

Filed: December 12, 2001

Art Unit: 2861

For: MULTI-REAGENT INK CARTRIDGE

Examiner: Anh Vo

**RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated August 2, 2005, please amend the above-identified U.S. patent application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

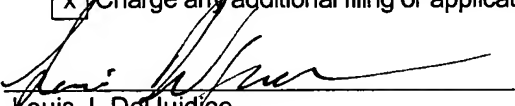
**Amendments to the Claims** begin on page 8 of the paper.

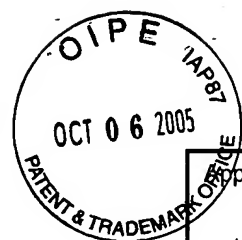
**Remarks/Arguments** begin on page 13 of this paper.



10-11-05

2861  
TW

|  |   |   |                                   |                                 |      |
|--|---|---|-----------------------------------|---------------------------------|------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>  |   |   |                                   | Docket No.<br>00158/000K098-USO |      |
| Application No.<br>10/021,598-Conf. #3481  |   | Filing Date<br>December 12, 2001        |                                   | Examiner<br>A. T. N. Vo         |      |
|  |   |   |                                   | Art Unit<br>2861                |      |
| Applicant(s):  |   |   |                                   |                                 |      |
| Invention: MULTI-REAGENT INKJET CARTRIDGE  |   |   |                                   |                                 |      |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |   |   |                                   |                                 |      |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.  |   |   |                                   |                                 |      |
| <b>CLAIMS AS AMENDED</b>   |   |   |                                   |                                 |      |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                            |      |
| Total Claims   | 20  | - 20 =                                  |                                   | x                               |      |
| Independent<br>Claims  | 2   | - 3 =                                   |                                   | x                               |      |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |   |   |                                   |                                 |      |
| Other fee (please specify):  |   |   |                                   |                                 |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |   |   |                                   |                                 | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |   |   |                                   |                                 |      |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.  |   |   |                                   |                                 |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.   |   |   |                                   |                                 |      |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |   |   |                                   |                                 |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |   |   |                                   |                                 |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u><br>as described below. A duplicate copy of this sheet is enclosed.                                     |   |   |                                   |                                 |      |
| <input checked="" type="checkbox"/> Credit any overpayment.  |   |   |                                   |                                 |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |   |   |                                   |                                 |      |
| <br>Louis J. DeJuidice<br>Attorney Reg. No.: 47,522<br><br>DARBY & DARBY P.C.<br>P.O. Box 5257<br>New York, New York 10150-5257<br>(212) 527-7783 |   |   |                                   | Dated: <u>October 6, 2005</u>   |      |
| Express Mail Label No. _____ Dated: _____  |   |   |                                   |                                 |      |



Application No. (if known): 10/021,598

Attorney Docket No.: 00158/000K098-US0

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Amendment (16 pgs)  
Amendment Transmittal (1 page)  
Postcard